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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000006845 (8)

1. Corporation Name

BRIDGE GOVERNOR ASSOCIATES, INC.

AMENDED
CORPORATE ANNUAL REPORT



Principal Place of Business

230 FIFTH STREET
MIAMI BEACH FL 33139

Mailing Address

230 FIFTH STREET
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

01/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0554180

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

3d Agent

VALDES-FAULI CORPORATE SERVICES INC.
ONE BISCAYNE TOWER STE. 3400
TWO SO. BISCAYNE BLVD.
MIAMI FL 33131-1897

81 Name

82 Street Addr

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHEER, MARK J
STREET ADDRESS ONE BISCAYNE TWR. 2 S. BISCAYNE BLVD. 3400
CITY - ST - ZIP MIAMI FL 33139

☐ DELETE

TITLE
NAME
STREET ADDRESS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D
CRAIG ROBINS
230 5th STREET
MIAMI BEACH, FL 33139

☒ Change ☐ Addition

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JR

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Robins (President) 6/14/96 (305) 531-8700